

SERFF Tracking Number:	COUR-125292841	State:	Arkansas
Filing Company:	Courtesy Insurance Company	State Tracking Number:	AR-PC-07-026096
Company Tracking Number:			
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	GAP Contractual Liability		
Project Name/Number:	/		

Filing at a Glance

Company: Courtesy Insurance Company	SERFF Tr Num: COUR-125292841	State: Arkansas
Product Name: GAP Contractual Liability	SERFF Status: Closed	State Tr Num: AR-PC-07-026096
TOI: 09.0 Inland Marine	Co Tr Num:	State Status: PENDING FEES
Sub-TOI: 09.0005 Other Commercial Inland Marine		
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Holli Martin	Disposition Date: 09/20/2007
	Date Submitted: 09/15/2007	Disposition Status: Approved
Effective Date Requested (New): 10/01/2007		Effective Date (New): 10/01/2007
Effective Date Requested (Renewal): 10/12/2007		Effective Date (Renewal): 10/01/2007

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/20/2007	
State Status Changed: 09/20/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
This filing contains an amendatory endorsement.	

Company and Contact

Filing Contact Information

Holli Martin, Compliance Paralegal	hollidae.martin@jmagroup.com
500 Jim Moran Blvd.	(954) 429-2118 [Phone]
Deerfield Beach, FL 33442	(954) 596-7447[FAX]

<i>SERFF Tracking Number:</i>	<i>COUR-125292841</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Courtesy Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026096</i>
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<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>GAP Contractual Liability</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Company Information

Courtesy Insurance Company
500 Jim Moran Blvd.
Deerfield Beach, FL 33442

(954) 596-3158 ext. [Phone]

CoCode: 26492
Group Code: 281
Group Name: JM Family
Enterprises
FEIN Number: 65-0020407

State of Domicile: Florida
Company Type: P&C Insurer
State ID Number:

SERFF Tracking Number: COUR-125292841

State: Arkansas

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Filing Fees

Fee Required? Yes

Fee Amount: \$25.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Courtesy Insurance Company	\$25.00	09/15/2007	15644268

SERFF Tracking Number: *COUR-125292841*

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/20/2007	09/20/2007

SERFF Tracking Number: *COUR-125292841*

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TOI: *09.0 Inland Marine*

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Disposition

Disposition Date: 09/20/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal): 10/01/2007

Status: Approved

Comment: Approval contingent on receiving filing fee. Form filing fee is \$50.

Amount paid \$25

Pending amount due is \$25.

Rate data does NOT apply to filing.

SERFF Tracking Number:	COUR-125292841	State:	Arkansas
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	GAP Contractual Liability		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes

COURTESY INSURANCE COMPANY

500 Jim Moran Blvd.
Deerfield Beach, FL 33442

**AMENDATORY ENDORSEMENT
GAP / CONTRACTUAL LIABILITY PROGRAM**

It is agreed that the Gap / Contractual Liability Program, Form CICGAP-106 (03/98), to which this endorsement is attached, is hereby amended as follows:

Subsection A) of Section II – Definitions Used in this Policy is removed and replaced with the following:

A) ACTUAL CASH VALUE: In the event of a Constructive Total Loss, the Actual Cash Value is the total amount paid by the Primary Carrier, plus any physical damage deductible, or in the event there is no Primary Carrier, the NADA retail value of the Covered Vehicle as of the Date of Loss. For purposes of this definition, if additional protection is provided by the Insured to the Borrower, up to \$1,000 of the Primary Carrier's deductible will be waived.

Subsection E) of Section II – Definitions Used in this Policy is removed in its entirety.

Subsection G) of Section II – Definitions Used in this Policy is removed and replaced with the following:

G) COVERED VEHICLE: A vehicle with less than a 25,000 pound Gross Vehicle Weight Rating, principally garaged and used in the United States, and: 1) has been reported to the Insurer on a Premium Remittance Report according to the "CONDITIONS" of this policy, 2) for which premium has been received according to the "CONDITIONS" of this policy and 3) has an M.S.R.P. or value of less than \$100,000.

Item I of CONDITIONS item I., is removed in its entirety and replaced with the following:

I. ADDENDUM CANCELLATION: In the event that the Addendum for a covered Vehicle is canceled within (30) days of purchase, prior to its expiration date in accordance with the terms of the Financing Contract, all premium paid with respect to that Covered Vehicle will be fully refunded. In the event that the Addendum for a covered Vehicle is canceled after 30 days of purchase, premium will be refunded by the Pro Rata method, unless otherwise required by applicable State law.

All other terms, conditions and exclusions shall remain the same.

Courtesy Insurance Company

By: 

President

SERFF Tracking Number: *COUR-125292841*

State: *Arkansas*

Filing Company: *Courtesy Insurance Company*

State Tracking Number: *AR-PC-07-026096*

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

09/20/2007

Comments:

Attachment:

NAIC Transmittal CIC-GAP-END 0807.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	JM Family Enterprises, Inc.				Group NAIC #	0281
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Courtesy Insurance Company	FL	26492	65-0020407			

5. Company Tracking Number	CIC-GAP-END (08/07)
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Holli Martin 500 Jim Moran Boulevard Deerfield Beach, FL 33442	Compliance Paralegal	954-429-2118	954-596-7447	hollidae.martin@jmagroup.com
7. Signature of authorized filer		<i>Holli Martin</i>		
8. Please print name of authorized filer		Holli Martin		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine		
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine		
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12. Company Program Title (Marketing title)	Gap Contractual Liability		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14. Effective Date(s) Requested	New: 10/01/2007	Renewal:	10/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Reference Organization (if applicable)			
17. Reference Organization # & Title			
18. Company's Date of Filing			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # CIC-GAP-END (08/07)

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

RE: Courtesy Insurance Company (CIC)

NAIC #: 26492 FEIN #: 65-0020407

Guaranteed Asset Protection (GAP) Contractual Liability Insurance

- Amendatory Endorsement CIC-GAP-END (08/07)

Amendatory Endorsement CIC-GAP-END (08/07) will be attached to new and existing policies issued under policy form number CICGAP-106 (03/98), approved by your department on October 13, 1998. This endorsement will replace previously filed endorsements PRO-END (12/00) and CICGAPDED-END (05/02). This endorsement also amends the definition of "Covered Vehicle" to include a vehicle with less than 25,000 pounds Gross Vehicle Weight.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CIC-GAP-END (08/07)		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		GAP Revised Rules 2007		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amendatory Endorsement	CIC-GAP-END (08/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CICGAPDED-EN D (05/02) & PRO-END (12/00)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1